



# MISSOURI TRANSFER FORM (MO-TF)

The Missouri Transfer Form (MO-TF) must be used when transferring any transferable Missouri Tax Credits administered by the Missouri Department of Economic Development. You must submit a separate MO-TF form for each tax credit transfer being requested. The sale or transfer of tax credits may have income tax consequences for the assignor and assignee. Consult your tax advisor.

## ASSIGNOR

Name of Assignor			
Federal ID No. (FEIN)		MITS/Missouri ID No.	
		SSN	
Contact Person		Title	
Address		City	State
			Zip Code
Telephone Number	Fax Number	E-mail	

## TRANSFER

Tax Credit Program	Approved Tax Benefit Number:	(Office use only) - AHAP New Tax Benefit Number

Issued For the Calendar Year \_\_\_\_\_ or Tax Year Beginning \_\_\_\_\_, Ending \_\_\_\_\_.

Amount of Tax Credits Sold	Discount Rate	Sale Price
\$	%	\$
\$	%	\$
\$	%	\$

Total Amount of Credits to Be Transferred	\$
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## CERTIFICATION

- I certify that I am an authorized representative of the Assignor and as such am authorized to make the statement of affirmation contained herein.
- I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program.
- I certify under penalties of perjury that the above statements, information contained in this document and attachments are complete, true, and correct to the best of my knowledge and belief.

Assignor Signature	Title
Print Name	Date

Notary Public Embosser Seal	Appeared before me this _____ day of _____, 20____, _____ to me personally known to be the person who executed the above certification, and acknowledged and states on his/her oath to me that he/she executed the same for the purpose therein stated.	
	State of	County (or City of St. Louis)
	Notary Public Name	My Commission Expires
	Use Rubber Stamp in Area Below Notary Public Signature	

<b>ASSIGNEE</b>							
Name of Assignee							
Federal ID No. (FEIN)			MITS/Missouri ID No.			SSN	
Contact Person				Title			
Address			City			State	Zip Code
Telephone Number		Fax Number		E-mail			
<b>Assignee Type (circle one)</b>							
C Corp	S Corp	LLC	Sole Proprietor	Partnership	Individual	Individual Filing a Joint Return	Other _____
<p>If the taxpayer is a Partnership, S-Corporation, or other entity with a flow through tax treatment, identify the names, social security numbers and proportionate share of ownership of each beneficiary, partner or shareholder on the last day of the tax period. Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary. If an Individual - Filing a Joint Return list the Primary and Secondary Names and Social Security Numbers below.</p>							
<b>Name(s)</b>				<b>Social Security Numbers</b>		<b>% Ownership Year End</b>	
						%	
						%	
						%	
						%	
						%	
						%	
<b>CERTIFICATION</b>							
<ul style="list-style-type: none"> <li>I certify that I am an authorized representative of the Assignee and as such am authorized to make the statement of affirmation contained herein.</li> <li>I certify under penalties of perjury that the above statements, information contained in this document and attachments are complete, true, and correct to the best of my knowledge and belief.</li> </ul>							
Assignee Signature					Title		
Print Name					Date		
Notary Public Embosser Seal		Appeared before me this _____ day of _____, 20____, _____ to me personally known to be the person who executed the above certification, and acknowledged and states on his/her oath to me that he/she executed the same for the purpose therein stated.					
		State of _____				County (or City of St. Louis)	
		Notary Public Name		My Commission Expires		Use Rubber Stamp in Area Below	
		Notary Public Signature					

Mail the MO-TF Form to the appropriate address referenced below with regards to the program for which tax credits were originally issued.

Missouri Department of Economic Development Business Finance P.O. Box 118, Room 720 Jefferson City, MO 65102 573-751-0717		Missouri Department of Economic Development Community Development P.O. Box 118, Room 770 Jefferson City, MO 65102 573-522-6155	
	Business Facility Tax Credits		Brownfield Remediation Tax Credit
	Certified Capital Companies (CAPCO) Tax Credits		Community Bank/CDC Tax Credit
	Enhanced Enterprise Zone Tax Credits		Dry Fire Hydrant Tax Credit
	Development Tax Credits		Historic Preservation Tax Credit - issued after 8/28/1998
	Film Production Tax Credits		Neighborhood Preservation Act
	New Enterprise Creation Act / Prolog Ventures		Transportation Development Tax Credit
	Rebuilding Communities Tax Credit		
	Seed Capital Tax Credit		
	Small Business Investment Capital Tax Credits		
	Small Business Incubator Tax Credit		
Missouri Housing Development Commission Attn: Jane Anderson 3435 Broadway, Kansas City, MO 64111 816-759-6662		Missouri Development Finance Board P.O. Box 567 Jefferson City, MO 65102 573-751-8479	
	Affordable Housing Assistance (AHAP)		Bond Guaranty Tax Credit
			Infrastructure Development Funds Tax Credit